CLAIMS ONLY		Application Number	Filing Date
		10 649586	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	ı						51						
2		ı					52						
3		ı					53						
4		ı					54						
5		ı					55						
6		ı					56						
7		ı					57						
8		ı					58						
9		ı					59						
10		ı					60						
11		③					61						
12		ı					62						
13		ı					63						
14		ı					64						
15		ı					65						
16		ı					66						
17		ı					67						
18		ı					68						
19	cancel						69						
20		ı					70						
21		ı					71						
22		ı					72						
23		ı					73						
24		ı					74						
25		ı					75						
26	+	ı					76						
27		ı					77						
28		ı					78						
29		ı					79						
30		③					80						
31		ı					81						
32		ı					82						
33		ı					83						
34		ı					84						
35		ı					85						
36		ı					86						
37		ı					87						
38	ı						88						
39		ı					89						
40		ı					90						
41		ı					91						
42		ı					92						
43	ı						93						
44		ı					94						
45		ı					95						
46		ı					96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	41						Total Depend						
Total Claims	45						Total Claims						